

Open Enrollment 2021 Retiree Presentation Script

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Instructions: Share your presentation and keep slide 1 on the screen until the presenter starts.

SLIDE 2

- Welcome to the State of Arizona retiree benefits presentation
- My name is Matthew, I am with the HR-Benefit Services at ADOA
- Today we are going to talk about Open Enrollment and the changes occurring with the ADOA benefits plans
- As you know, open enrollment is the time of year when you can make changes to your current benefits.

Our goal for this meeting is to provide you information on your benefits. In order to make this meeting work, there a few simple housekeeping items that we would like to review:

- Everyone will be put on mute throughout the meeting.
- This session is being recorded and
- The presentation and all material will be available on our Open Enrollment website for your convenience

- You can turn on closed captioning by clicking the button on the bottom right corner of the screen.

- There will be information for a link to a survey at the end of the presentation.

Please take a moment to provide your feedback. We are here to help you understand your benefit options. There will be a prize drawing donated by our medical vendors if you complete the survey.

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Our agenda for today is to focus on:

- Open Enrollment updates for 2021 - Including changes
- There will be a benefits overview - discussing the new plan features, costs, and how the new medical plan works
- Our medical vendors, BlueCross BlueShield of Arizona and UnitedHealthcare, will provide an overview of their network
- And, we will provide information on how to enroll

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Open enrollment for 2021 benefits, is an ACTIVE enrollment, meaning you must go online to the Y.E.S. website and make an election to maintain your benefits.

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- Open enrollment for 2021 ADOA benefits runs from October 19th through November 6th at 5pm Arizona time. We would like to emphasize that you *must enroll* to maintain or change benefits.
- For example: if you want to add or remove a spouse or child - or - if you want to change your plan --- now is the time to do this!
- Go to the Y.E.S. portal to enroll

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There are changes to your 2021 ADOA benefits that we want you to be aware of...for example:

PAUSE

- We are no longer offering the EPO and PPO plans
- We will now be offering a Triple Choice Plan

- This new plan also has new premiums
- There is a change to the number of carriers who will offer each plan
- Only BlueCross BlueShield of Arizona and UnitedHealthcare will be your network options in 2021
- Aetna and Cigna will no longer be an option.

PAUSE

- MedImpact is still the pharmacy benefit manager, but there will be changes to their mail order and specialty drug vendor.

PAUSE

- The dental plans have not changed
- Note that although Cigna is not an option for medical, they are still offering a dental plan; however, network name has changed to CIGNA DENTAL CARE ACCESS

PAUSE

- The vision plan has a slight premium reduction and the discount plan will *no longer* be available for those who do not enroll in the vision plan

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- We have created a robust website dedicated to making sure you have everything you need to understand your benefits!
- You should have received Open Enrollment material in the mail
- All information contained on our website is specific to the State of Arizona enrollees - including an Open Enrollment page and vendor contact information such as phone numbers and web portals.
- It has *all* the information you need throughout the year - including rates, policies, and direct web links to vendor websites. Benefit guides are also available on our website.
- This website does not require a password to view benefits, so your spouse or dependents can find information they need to view on the site as well.

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Before we start talking about your medical plan and how it works, let's take a moment to understand some of the terms that are often used to describe your health insurance costs.

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- **PAGE DOWN TO ANIMATE**
- Premiums are the amount you pay for your insurance

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- A Deductible is *your* first dollar exposure to paying for covered services.

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- After you have paid your deductible - then you start paying a copayment for your services. A copayment is a fixed dollar amount.

PAGE DOWN TO ANIMATE

- And finally, the out-of-pocket maximum is the *most* you will pay for services. The deductible and copayments you pay are applied to the out-of-pocket maximum (*including pharmacy*). When you reach the out-of-pocket maximum, the plan will then cover 100% of your expenses for the remainder of the year.

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The features of the Triple Choice Plan include:

- New premiums and deductibles
- The plan offers a comprehensive nationwide *tiered* network

- You can find a large selection of in-network doctors not just in Arizona, but across the country
- It allows for in- and out-of-network coverage -- *But remember* -- you pay more for out-of-network services
- You are not required to choose a PCP and there is no gatekeeper, meaning, that no referrals are required in order for you to see a specialist
- Preventive services are always free when you use an in-network provider

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Some examples of preventive services include not only your annual wellness check ups, but include things like adult immunizations, various cancer screenings and test, and other screenings or interventions that are rarely thought of, such as smoking cessation and depression screening

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- Let's review some *costs* associated with your medical plan
- Both BlueCross BlueShield of Arizona and UnitedHealthcare will offer the new Triple Choice Plan.

- The premiums for the Triple Choice Plan are higher if you are currently enrolled in the EPO plan, but lower if you're on the PPO plan -- **PAGE DOWN TO**

ANIMATE

- The Triple Choice Plan is a *tiered* benefit plan
 - Tier 1 are in-network doctors and facilities that provide higher quality and efficient care which allows you to pay the *lowest* deductible.
 - Tier 2 are in-network doctors and facilities that may not meet the same standards as Tier 1, but they still provide quality care. **PAGE DOWN TO**
- The benefit of the Triple Choice Plan is that Tier 1 and Tier 2 deductibles cross-apply
 - The Tier 1 deductible applies to Tier 2 and
 - The Tier 2 deductible applies to Tier 1
 - So, if you are using doctors in both tiers, the most you will have to pay toward your deductible is \$1,000 for individual or \$2,000 for family
- Tier 3 are doctors and facilities that Do Not contract with a network
 - You can choose to see those doctors or facilities, but *remember* -- you pay more for out-of-network services

PAUSE

PAGE DOWN TO ANIMATE

- The out-of-pocket maximum is the most you will pay for covered services in the year
- The out-of-pocket for Tier 1 and Tier 2 is a combined amount
- Tier 3 has a separate out-of-pocket maximum
- As reminder, deductibles and copayments apply toward your out-of-pocket maximum -- including your prescription copays
- Once you have met your out-of-pocket maximum, then the plan will pay 100% of services for the remainder of the year

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- This slide is to highlight the copayment structure for the most utilized services
- Note, that although the structure of the plan has changed, the copayment amounts have remained the same
- As you can see, preventive services are still at no cost to you when using in-network providers
- PCP copayment is still \$20
- Specialists are \$40
- And hospital admissions are still \$250

- All copays apply after your deductible is met

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When using the Triple Choice Plan, you have control of how much you will pay for your healthcare services. Start by visiting the BlueCross BlueShield of Arizona and UnitedHealthcare websites to find a provider. Links to those websites can be found on the Benefit Options website and in the enrollment guide you received in the mail.

First, choose a Tier 1, in-network doctor

- A doctor with a Tier 1 symbol indicates the lowest cost. Tier 1 doctors can be your PCP or specialist and a Tier 1 facility can include hospitals such as Banner Hospital, Flagstaff Medical Center or Yuma Regional.
 - Representatives from BlueCross BlueShield of Arizona and UnitedHealthcare will talk more about their specific network later in the presentation
- When you start using services, you will need to pay your deductible.
 - As a helpful hint, depending on your provider, they may or may not charge your deductible up front. So you may get a bill later.
- Once you have met your deductible, you will pay a copayment the next time you receive services.

- If you reach your out-of-pocket maximum, then the plan will pay 100% of your care for the remainder of the year.

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We wanted to provide you with some examples of how to use the Triple Choice Plan when you choose Tier 1 providers or, if you needed to use a combination of both Tier 1 and Tier 2 providers.

Let's say you're enrolled in the Retiree Only Plan and you're having a simple surgical procedure:

- The top chart shows the experience of using only Tier 1 providers and facilities - you will only need to pay the \$200 deductible and after the deductible is met, you will then start paying a copay for each visit to a provider.
- The bottom chart shows how it works when you use a combination of Tier 1 and Tier 2 providers.
 - In our example, your first office visit is a Tier 1 provider, you pay toward your Tier 1 deductible
 - Your next visit is a *Tier 2* Specialist, you pay a *Tier 2* deductible

- Next you have radiology and you chose a Tier 1 imaging center. Because you have satisfied your Tier 1 deductible -- through cross application -- you *now have* satisfied your Tier 1 deductible.
- Now you have your surgery and you have chosen a Tier 1 hospital, you will only be responsible for a copayment.
- After your surgery you have a couple follow up visits to your Tier 2 Specialist. You will need to pay a deductible until you have satisfied the remaining Tier 2 deductible then you will pay a copayment for future visits.

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So what is the best plan for *you*? Well, everyone has a different situation and needs, but some things to consider are

- The benefit structure is the same for each carrier, however,
- The health and wellness services provided by each carrier can vary
- Both BlueCross BlueShield of Arizona and UnitedHealthcare offer a nationwide network,
 - However, you need to make sure that *your* provider is in-network
 - The provider networks *are different*
 - Visit their individual websites and look up your providers

- Check if your provider is Tier 1 or Tier 2
 - *Look for the symbol* to help you lower your cost
- Cost: Understand all your healthcare options, premiums, and deductibles
 - As a retiree, you may have a choice of choosing the ADOA health plan or the ASRS health plan
 - If you use out-of-network providers, you will pay more

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Now let's review your Pharmacy Benefit

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MedImpact is our Pharmacy Benefit Manager (also known as a PBM) for Pre-Medicare Retirees.

- MedImpact maintains the formulary and the network. The formulary changes at least quarterly and you must use an in-network pharmacy to fill your prescriptions.
- The medical plan is not the pharmacy vendor. So if you have any questions or concerns regarding your prescription drugs, you can contact MedImpact.

- The information about your prescription drug program is located on your medical ID card.
- MedImpact as our PBM has many resources.
 - For example, if you are currently taking medication for high cholesterol such as Crestor, MedImpact can tell you if the medication is on the formulary and they can also tell you if there is something comparable you can take that could possibly be less expensive.
 - Other resources they have are the online capabilities. They will keep track of current medications and medications that you have taken in the past for easy reference.
 - You can compare costs based on the pharmacy and find out which closest pharmacy has your prescription available
 - And, you can view your year-to-date prescription drug expenditures

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- The only changes in 2021 will be the specialty pharmacy and mail order vendors.
 - MedImpact Direct will be replacing AllianceRx Walgreens
- The prescription drug copayments will not be changing in 2021, they remain
 - \$15 for Generic

- \$40 for Preferred Brand
- \$60 for Non-Preferred Brand
- You can take advantage of mail order for prescriptions that you take regularly, such as your maintenance medications.
- If you are currently using mail order and specialty drugs, you will receive information from MedImpact within the next few weeks.
- As a reminder, copayments also apply toward your out-of-pocket maximum

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- VibrantRx is the prescription drug plan for Medicare eligible retirees and dependents.
- If you are currently enrolled in the PDP plan, you will notice the New Logo!
 - You will receive material with their new look including
 - A new VibrantRx prescription drug card that you will present at the pharmacy
 - Please note that if you are currently enrolled in VibrantRx, your Member ID number is *not* changing
- The myvibrantRx website has many resources available to you including a pharmacy locator, drug price check and more

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- The only changes in 2021 will be the specialty pharmacy and mail order vendors.
 - MedImpact Direct will be replacing AllianceRx Walgreens
- The prescription drug copayments will not be changing in 2021, they remain
 - \$15 for Generic
 - \$40 for Preferred Brand
 - \$60 for Non-Preferred Brand and Specialty medication
- You can take advantage of mail order for prescriptions that you take regularly, such as your maintenance medications.
- If you are currently using mail order and specialty drugs, you will receive information within the next few weeks.
- As a reminder, copayments also apply toward your out-of-pocket maximum

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So now we are going to talk about other benefits available such as dental and vision, etc.

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Your dental plans will not be changing for 2021. The plans are staying the same. The State of Arizona offers two plans

- The first plan we offer is a PPO plan with Delta Dental
 - With this plan, you don't have to choose a dentist you can simply see any dentist that is in their national network
 - Note that PPO providers will have lower costs, so ask your dentist if he/she is a PPO or Premier Dentist.
 - Preventive Services, such as dental cleanings are covered 100%
 - On the dental PPO plan, you have deductibles of \$50 per person, up to \$150 for the family plan
 - Once your deductible is met, you will then start paying coinsurance when you receive dental treatment
 - The maximum Delta Dental will pay is \$2,000 per person, per year
 - Orthodontia is covered for children and adults at a \$1,500 per lifetime
- The second dental option is Cigna Dental. This is a Dental HMO plan where you must stay in-network.
 - When you enroll with the DHMO, Cigna will select a dentist for you. If you would like to choose another dentist, you would simply contact them for that change.

- The Cigna Dental Care Access Network is a national network with fewer dentist and is available in most states
- Preventive Services, such as dental cleanings are covered 100%
- With the DHMO plan there are no deductibles, no coinsurance, or no maximums. You would simply pay the amount of the treatment that is listed on the fee schedule.

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Avesis is the vision provider and there are a few changes starting in 2021.

- The discount plan will *no longer* be available for those who do not enroll in the vision plan
- There is a slight premium reduction for the Avesis Advantage Program, an increased LASIK benefit, and if you use Target Optical, you will receive an additional discount
- Avesis provides a national network of independent and chain providers
- Routine eye exams and lenses are covered on the plan
- As a reminder, Avesis will send you a bill every quarter. Please contact Avesis to pay your premium on time or you will lose coverage.

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We would now like to invite our two medical vendors to explain their specific features as part of your medical plan

- Stefanie Hill with BlueCross Blue Shield of Arizona will share more about the programs they offer

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- Heather Gallegos with UnitedHealthcare will share more information about the programs they offer

Thank you Heather

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Open enrollment for 2021 benefits, is an ACTIVE enrollment

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To start the enrollment process, take time to learn more about your benefit options.

- Start by visiting our website where you will find the enrollment guide you received in the mail
- There are videos available to give you more information about the medical plan features and how to find a provider
- Enrollment is the Y.E.S. portal is required, no paper forms will be accepted
- You received Retiree Self Service Guide in the mail or instructions to enroll can be found in your enrollment guide
- Once you are in the portal, you will follow the steps on the screen to enroll in each benefit plan
- After completing your enrollment, a confirmation email will be sent to your personal email
- Review the enrollment information to ensure that your elections are correct and save the email for future reference

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If you are having trouble with the Y.E.S. portal, you may contact the HRIS Service

Desk to assist, however:

- For password reset issues, the HRIS Service Desk is no longer able to reset your password

- You must follow the Retiree Password Reset Quick Guide you received in the mail to reset your password
- Some issues can be resolved by using the correct browser
 - Microsoft Edge and Internet Explorer are no longer supported browsers
 - Only Google Chrome, Microsoft Edge Chromium, Apple Safari, and Mozilla Firefox can be used
 - Also, iPhones and iPads are not supported

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- A few other items to keep in mind while you are completing your enrollment
 - Please review your demographic information
 - If your mailing address, phone number, or email address are incorrect, please make sure to correct this information
 - This information is used to communicate with you about your benefits
 - All dependents enrolled in the plan are required to have a social security number per federal law
 - Dual coverage, or duplicate enrollment, is not permitted

- This means that if you and your spouse are both state, university, or retirees enrolled in the plan, you cannot enroll each other as dependents on the plan
- There are other scenarios that may occur, please refer to the enrollment guide for more information

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This concludes our presentation for today. Please be sure to complete our survey.

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You may contact us directly any time via a phone call or email.

Thank you and have a great day!